

## COVER PAGE

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NAME OF FILER (LAST)

(FIRST)

2018 APR -3 (MIDDLE) 8:59

BouHALAKHACED

## 1. Office, Agency, or Court

Agency Name (Do not use acronyms)

DEPARTMENT OF CONSERVATION

Division, Board, Department, District, if applicable

Your Position

D.O.C. SACRAMENTOASSOCIATE OIL AND GAS ENGINEER

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: \_\_\_\_\_

Position: \_\_\_\_\_

## 2. Jurisdiction of Office (Check at least one box)

 State \_\_\_\_\_ Judge or Court Commissioner (Statewide Jurisdiction) Multi-County \_\_\_\_\_ County of \_\_\_\_\_ City of \_\_\_\_\_ Other \_\_\_\_\_

## 3. Type of Statement (Check at least one box)

 Annual: The period covered is January 1, 2017, through December 31, 2017. Leaving Office: Date Left \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
(Check one)-or-  
The period covered is \_\_\_\_\_, through December 31, 2017. The period covered is January 1, 2017, through the date of leaving office. Assuming Office: Date assumed \_\_\_\_/\_\_\_\_/\_\_\_\_\_, through \_\_\_\_\_ The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_\_, through the date of leaving office. Candidate: Date of Election \_\_\_\_\_ and office sought, if different than Part 1: \_\_\_\_\_

## 4. Schedule Summary (must complete) ► Total number of pages including this cover page: \_\_\_\_\_

## Schedules attached

 Schedule A-1 - Investments - schedule attached Schedule C - Income, Loans, & Business Positions - schedule attached Schedule A-2 - Investments - schedule attached Schedule D - Income - Gifts - schedule attached Schedule B - Real Property - schedule attached Schedule E - Income - Gifts - Travel Payments - schedule attached

-Or-

 None - No reportable interests on any schedule

## 5. Verification

MAILING ADDRESS  
(Business or Agency Address Recommended - Public Document)

STREET

CITY

STATE

ZIP CODE

DAYTIME TELEPHONE NUMBER

(916) 382-9773

E-MAIL ADDRESS

KHACED.BOUHALA@CONSERVATION.CA.GOV

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 4/3/18

(month, day, year)

Signature KHACED BOUHALA

(File the originally signed statement with your filing official.)

✓ 13

## SCHEDULE A-1

## Investments

CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION

Name \_\_\_\_\_

**Stocks, Bonds, and Other Interests**  
 (Ownership Interest is Less Than 10%)  
*Do not attach brokerage or financial statements.*

## ► NAME OF BUSINESS ENTITY

BAKER HUGES

## GENERAL DESCRIPTION OF THIS BUSINESS

Stocks

## FAIR MARKET VALUE

\$2,000 - \$10,000       \$10,001 - \$100,000  
 \$100,001 - \$1,000,000       Over \$1,000,000

## NATURE OF INVESTMENT

Stock       Other \_\_\_\_\_  
(Describe)  
 Partnership       Income Received of \$0 - \$499  
 Income Received of \$500 or More (Report on Schedule C)

## IF APPLICABLE, LIST DATE:

1 / 17    1 / 17  
 ACQUIRED    DISPOSED

## ► NAME OF BUSINESS ENTITY

WEATHERFUND

## GENERAL DESCRIPTION OF THIS BUSINESS

Stocks

## FAIR MARKET VALUE

\$2,000 - \$10,000       \$10,001 - \$100,000  
 \$100,001 - \$1,000,000       Over \$1,000,000

## NATURE OF INVESTMENT

Stock       Other \_\_\_\_\_  
(Describe)  
 Partnership       Income Received of \$0 - \$499  
 Income Received of \$500 or More (Report on Schedule C)

## IF APPLICABLE, LIST DATE:

1 / 17    1 / 17  
 ACQUIRED    DISPOSED

## ► NAME OF BUSINESS ENTITY

## GENERAL DESCRIPTION OF THIS BUSINESS

## FAIR MARKET VALUE

\$2,000 - \$10,000       \$10,001 - \$100,000  
 \$100,001 - \$1,000,000       Over \$1,000,000

## NATURE OF INVESTMENT

Stock       Other \_\_\_\_\_  
(Describe)  
 Partnership       Income Received of \$0 - \$499  
 Income Received of \$500 or More (Report on Schedule C)

## IF APPLICABLE, LIST DATE:

1 / 17    1 / 17  
 ACQUIRED    DISPOSED

Comments: \_\_\_\_\_

## ► NAME OF BUSINESS ENTITY

## GENERAL DESCRIPTION OF THIS BUSINESS

## FAIR MARKET VALUE

\$2,000 - \$10,000       \$10,001 - \$100,000  
 \$100,001 - \$1,000,000       Over \$1,000,000

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(Describe)  
 Partnership       Income Received of \$0 - \$499  
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